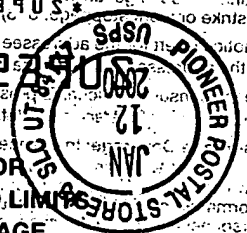


POST OFFICE TO ADDRESSEE



EL 400136274



Customer Copy
Label 11-F July 1997

ORIGIN (POSTAL USE ONLY)

PO ZIP Code 84147	Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>
Date In 1/12/00	<input checked="" type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$ 15.75
Time In AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	Return Receipt Fee \$	
Weight lbs. ozs.	Int'l Alpha Country Code	COD Fee Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials <i>[Signature]</i>	Total Postage & Fees \$ 15.75

SEE REVERSE SIDE FOR
SERVICE GUARANTEE AND LIMIT
ON INSURANCE COVERAGE

CUSTOMER USE ONLY

METHOD OF PAYMENT:

Express Mail Corporate Acct. No.

Federal Agency Acct. No. or
Postal Service Acct. No.

☐ **WAIVER OF SIGNATURE (Domestic Only):** Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery on ☐ NO DELIVERY ☐ Weekend ☐ Holiday

FROM: (PLEASE PRINT)

PHONE ()

WORKMAN NYDEGGER & SEELEY
EAGLE GATE TOWER
80 E SOUTH TEMPLE STE 1000
SALT LAKE CITY UT 84111-1039

14984.10.1/ISR

TO: (PLEASE PRINT)

PHONE ()

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Box: PATENT APPLICATION
Assistant Commissioner for Patents
Washington, D.C. 20231

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